## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Numbe	Application	or	Docket	Numbe	r
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Effective December 29, 1999	CYPYCY)

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN	
(Column 1) (Column 2)						TYPE			OR	SMALL	
FOR NUMBER FILED NUMBER EXTRA						R/	TE	FEE	]	RATE	FEE
BASIC FEE								345.00	OR		690.00
TOTAL CLAIMS 14 minus 20= *							9=		OR	X\$18=	2128
INDEPENDENT CLAIMS , , minus 3 = *									OR	X78=	ا لا تر ا
MULTIPLE DEPENDENT CLAIM PRESENT									OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TAL		OR	TOTAL	269
	C	LAIMS AS A	MENDED	- PART II						OTHER	THAN
	24 C	(Column 1)	1	(Column 2)	(Column 3)	SM	ALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$	9≃		OR	X\$18=	
AME	Independent	*	Minus	PENDENT CLAIM	=	X3	9=		OR	X78=	
	THOTTHESE	INTATION OF INIC	JETIFLE DEF	ENDENT CLAIM	j	+10	30=		OR	+260=	
							OTAL			TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT	. FEE			ADDIT. FEE	
В		CLAIMS		HIGHEST				ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL FEE
<b>AMENDMENT</b>	Total	· 60	Minus	141	= 0	X\$	9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	*** // PENDENT CLAIM	= ()	ХЗ	9=		OR	X78=	
	TITIOTTTTEGE	NIAHON OF WIC		LINDENT CLAIM		+13	0=		OR	+260=	-
						ADDIT	DTAL		OR	TOTAL	
		(Column 1)	<u>-</u>	(Column 2)	(Column 3)	. ADDIT	FEE	· · · · · · · · · · · · · · · · · · ·		ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEÆ
NDN	Total	. 57	Minus	60	= ()	X\$	9= ·		OR	X\$18=	
AME	Independent	• 3	Minus	*** 4	= 0	Х3	9=		OR	X78=	/-
-	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT CLAIM							<del>/</del>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
•••	If the "Highest Nur If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For" IN THIS aid For" IN THI	S SPACE is less tha S SPACE is less tha Independent) is the	n 20, enter "20." ın 3, enter "3."	ADDIT.	FEE	propriate box		TOTAV ADDIT. FEÉ umn 1.	

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	508508

## Total Fee Calculation

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		Fee Cade	Tatal # Clines	Number Extra	X	Fcc	Fee	- Total
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2.	Total Claim: >20	205/103	141 -20 -	101	X	<del></del>	\ <u>\sigma\</u>	·
<i>*</i>	Independent Claums \$3	202/102	11 .; -	0			10	- 2000
*	Mult. Dep Claim Present				X		70	· 2004
	Surcharge	205/105						
	English Translation							
•	- Guarantian	11a						
	TOTAL FEE CALCULA	TION	•				•	$\sim$
	Fees due upon filing th	te application						
•	Total Filing Fees Due :	s <u>e</u>	L000.	$\infty$			8	
	Less Filing Fees Submi	ned - 5		· · ·				. •
₽	BALANCE DUE	= 5	2000	20_				
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FORM OIPE-RAM-01 (Rev. 12/97)